

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09109082

FILING DATE
1-2-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10		7				
11	/					
12		7				
13	/					
14	/					
15	/					
16	/					
17		8				
18	/					
19		1				
20	/					
21		2				
22		7				
23		7				
24		8				
25		8				
26		8				
27		8				
28		8				
29		8				
30		2				
31		2				
32		2				
33	/					
34		1				
35	/					
36	/					
37	/					
38	/					
39	/					
40						
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	/					
TOTAL IND.	21					
TOTAL DEP.	106					
TOTAL CLAIMS	127					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53						
54						
55						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	2					
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS